## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10797841

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			/3					RATE	FEE	٦.	RATE	FEE	
FOR			NUMBER FILED		NUMB	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			// minus 20= *		• (	0		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 = *			/		X43=		OR	X86=	86	
ML	ILTIPLE DEPEI	NDENT CLAIM P	RESEŃT	ESENT				+145=		ÖR	+290=	290	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL			
		(Column 1)	1	HIGH		(Column 3)	) r		ADDI-	<b>1</b> ''		ADDI-	
AMENDMENT A	·	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* ENTATION OF MI	Minus	***	CL AINA	=		X43=		OR	X86=		
	FIRST PRESE	ENTATION OF M	JLIIPLE DEF	PENDENT				+145=		OR	+290=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)	·		-	•			
~		CLAIMS		HIGHE	EST		Г		ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		. =		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= .		X43=	. '	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.1.15			.200	•	
							L	+145= TOTAL		OR	+290= TOTAL	•	
							A	DDIT FEE		OR	ADDIT. FEE		
		(Column 1)				· ·	·						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	, .	
** [	Million Billion at Atlanta a Descious In Daid Ford IN 19 HO CDAOF is been then CO. Control 190 ft.							TOTAL DDIT, FEE		OR ,	TOTAL ODIT. FEE		
	f the "Highest Nu The "Highest Nurr	mber Previously Paid ober Previously Paid	aid For IN THIS d For (Total or	S SPACE is Independer	less than nt) is the l	3, enter *3.* highest number			ropriate box				